



Patent
Attorney's Docket No. 026350-070

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

| | | |
|-------------------------------|---|--------------------------|
| In re Patent Application of |) | |
| |) | |
| Roumiana TSENKOVA |) | Group Art Unit: 3736 |
| |) | |
| Application No.: 09/980,223 |) | Examiner: Matthew Kremer |
| |) | |
| Filed: May 28, 2002 |) | Confirmation No. 1320 |
| |) | |
| For: METHOD AND APPARATUS FOR |) | |
| DIAGNOSING THE PRESENCE OR |) | |
| ABSENCE OF MASTITIS BY USING |) | |
| VISUAL LIGHT RAYS AND/OR |) | |
| NEAR INFRARED RAYS |) | |

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TECHNOLOGY CENTER R3700

AMENDMENT/REPLY TRANSMITTAL LETTER

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Enclosed is a reply for the above-identified patent application.

- ☒ A Petition for Extension of Time is also enclosed.
- ☐ A Terminal Disclaimer and the ☒ \$55.00 (2814) ☐ \$110.00 (1814) fee due under 37 C.F.R. § 1.20(d) are also enclosed.
- ☐ Also enclosed is/are _____.
- ☒ Small entity status is hereby claimed.
- ☐ Applicant(s) requests continued examination under 37 C.F.R. § 1.114 and enclose the ☐ \$385.00 (2801) ☐ \$770.00 (1801) fee due under 37 C.F.R. § 1.17(e).
- ☐ Applicant(s) requests that any previously unentered after final amendments not be entered. Continued examination is requested based on the enclosed documents identified above.
- ☐ Applicant(s) previously submitted __, on __, for which continued examination is requested.
- ☐ Applicant(s) requests suspension of action by the Office until at least __, which does not exceed three months from the filing of this RCE, in accordance with 37 C.F.R. § 1.103(c). The required fee under 37 C.F.R. § 1.17(i) is enclosed.

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☐ A Request for Entry and Consideration of Submission under 37 C.F.R. § 1.129(a) (1809/2809) is also enclosed.

☒ No additional claim fee is required.

☐ An additional claim fee is required, and is calculated as shown below:

| AMENDED CLAIMS | | | | | |
|--|---------------|---|--------------|--------------------|-----------|
| | NO. OF CLAIMS | HIGHEST NO. OF CLAIMS PREVIOUSLY PAID FOR | EXTRA CLAIMS | RATE | ADD'L FEE |
| Total Claims | 18 | MINUS 44 = | 0 | × \$18.00 (1202) = | |
| Independent Claims | 1 | MINUS 3 = | 0 | × \$86.00 (1201) = | |
| If Amendment adds multiple dependent claims, add \$290.00 (1203) | | | | | |
| Total Claim Amendment Fee | | | | | |
| If small entity status is claimed, subtract 50% of Total Claim Amendment Fee | | | | | |
| TOTAL ADDITIONAL CLAIM FEE DUE FOR THIS AMENDMENT | | | | | |

☐ A check in the amount of \$ _____ is enclosed for the fee due.

☐ Charge \$ _____ to Deposit Account No. 02-4800.

The Director is hereby authorized to charge any appropriate fees under 37 C.F.R. §§ 1.16, 1.17, 1.20(d) and 1.21 that may be required by this paper, and to credit any overpayment, to Deposit Account No. 02-4800. This paper is submitted in duplicate.

Respectfully submitted,

BURNS, DOANE, SWECKER & MATHIS, L.L.P.

Date: December 18, 2003

By: 

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